

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jun/29/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Appeal Urgent Triple Phase Whole Body Bone Scan

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

PM&R and Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

09/22/10 – MRI LUMBAR SPINE

09/27/10 – CLINICAL NOTE –MD

09/29/10 – MRI PELVIS/BILATERAL HIPS

10/04/10 – CLINICAL NOTE –MD

10/19/10 – CLINICAL NOTE –MD

10/22/10 – ELECTRODIAGNOSTIC STUDIES

11/29/10 – TRIPLE PHASE WHOLE BODY BONE SCAN

12/01/10 – CLINICAL NOTE –MD

12/09/10 – CT OF THE LUMBAR SPINE

12/13/10 – CLINICAL NOTE –MD

02/24/11 – PROCEDURE NOTE

03/01/11 – CLINICAL NOTE –MD

05/04/11 – CLINICAL NOTE –MD

06/03/11 – CLINICAL NOTE –MD

07/13/11 – CLINICAL NOTE –MD

08/16/11 – CLINICAL NOTE –MD

10/17/11 – CLINICAL NOTE –MD

10/17/11 – REPORT OF MEDICAL EVALUATION

12/02/11 – CLINICAL NOTE –MD

12/02/11 – CLINICAL NOTE- MD

05/17/12 – CLINICAL NOTE –MD

05/31/12 – UTILIZATION REVIEW DETERMINATION

06/01/12 – CORRESPONDENCE –MD

06/08/12 – UTILIZATION REVIEW DETERMINATION

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who sustained an injury on xx/xx/xx when she caught her left foot on a pallet and fell forward, landing on her left hip. MRI of the lumbar spine performed xx/xx/xx revealed mild spinal canal stenosis at L4-5. There was bulging facet and ligamentum flavum

hypertrophy, as well as mild posterior left facet hypertrophy. MRI of the pelvis/bilateral hips performed 09/29/10 revealed no acute osseous abnormality. There was no fracture, contusion, or avascular necrosis. There was an indeterminate but non-aggressive lesion within the left hip intertrochanteric medullary cavity. There was mild bilateral gluteus medius and left gluteus minimus tendinosis. Electrodiagnostic studies performed 10/22/10 revealed no evidence of lumbosacral radiculopathy or generalized peripheral neuropathy. A triple phase whole body bone scan performed 11/29/10 revealed focally intense posterior element reactivity at L4-5 with probable associated hyperemia, suggestive of fracture. The claimant underwent left L4-5 facet injection on 02/24/11.

The claimant was assigned a 10% impairment rating on 10/17/11. The claimant saw Dr. on 12/02/11 with complaints of pain to the back and left lower extremity with associated tingling dysesthesias in the left foot. Physical exam revealed no midline lumbar tenderness. There was tenderness to the left of midline and over the left sacroiliac joint. There was tenderness over the left hip joint. There was good strength noted. The deep tendon reflexes were active and equal bilaterally. Sensation was intact. The claimant was assessed with persistent back and leg pain. The claimant was prescribed Vimovo. The claimant saw Dr. on 05/17/12 with complaints of increased pain to the back and left leg, with associated pins and needles in the left foot. The claimant reported some relief from a left hip injection. Physical exam revealed guarded transitional movements. There was tenderness over the left greater trochanter, as well as the left sciatic notch. Manual muscle testing revealed no focal weakness. The deep tendon reflexes were active and equal bilaterally. Sensation was intact. The claimant was assessed with history of posterior element fracture at L4-5. The claimant was recommended for repeat whole body bone scan. The request for urgent triple phase whole body bone scan was denied by utilization review on 06/08/12 due to lack of documentation to support indication of bone disease.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Based on the clinical documentation provided for review and current evidence based guidelines for the requested procedure, medical necessity is not established. The claimant reports increased pain the low back and left leg. Prior bone scans from 2010 revealed reactivity at L4-5 that was consistent with degenerative disc disease at L4-5. The clinical documentation provided for review does not provide any recent objective evidence to support suspicions of infection, cancer, or significant arthritis that would reasonably require repeat bone scans. The prior bone scan from 2010 is consistent with imaging and there are no new neurological deficits noted on exam that would suggest a change in the previously noted pathology. As the medical need for the requested study has not been established, the prior denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)